ACTIVE
PHYSICAL THERAPY

Active Physical Therapy
10110 Nicholas ST, STE 100
Omaha, NE 68114
(402) 932.2888

INJURY INFORMATION WORKSHEET

PATIENT INFORMATION

Patient Name ______________________ Contact Phone ______________

Today's Date ______________ DOB ______________ DOI ______________

HEALTH INSURANCE - PRIMARY

Insurance Co. ______________________

Name of Insured ______________ Benefits Phone# ______________

Insured SS# ______________ Insured DOB ______________

Policy # ______________ Group # ______________

HEALTH INSURANCE - SECONDARY

Insurance Co. ______________________

Name of Insured ______________ Benefits Phone# ______________

Insured SS# ______________ Insured DOB ______________

Policy # ______________ Group # ______________

MED PAY / PIP – (Vehicle Patient was in)

Insurance Co. ______________ Insured Name ______________

Adj Name ______________ Claim Open? ________ Limits ________

Adj Phone # ______________ Fax # ______________

Policy # ______________ Claim # ______________

Claims Address ______________ City/ST/Zip ______________

Lien Filing Address ______________ City/ST/Zip ______________

THIRD PARTY / LIABILITY INSURANCE – (Insurance for at fault party)

Insurance Co. ______________ Insured Name ______________

Adj Name ______________ Claim Open? ______________

Adj Phone # ______________ Fax # ______________

Policy # ______________ Claim # ______________

Claims Address ______________ City/ST/Zip ______________

Lien Filing Address ______________ City/ST/Zip ______________

ATTORNEY INFORMATION

Attorney Name ______________________

Firm Name ______________ Contact ______________

Phone # ______________ Fax # ______________

Address ______________ City/ST/Zip ______________

I authorize Active Physical Therapy to contact my attorney, third party insurance, or any other applicable insurance company regarding my accident for billing and/or benefits and/or settlement information.

Patient Signature ______________________ **Date** ______________